



Applicant:

Syed Z. Salahuddin

Title:

PREPARATION OF REPLICATING

MACROPHAGES AND USE IN

DIAGNOSIS AND THERAPY

Appl. No.:

Unknown

Filing

Unknown

Date:

Examiner:

Unknown

Art Unit:

Unknown

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed Commissioner for Patents, Washington, D.C. 20231. EL 796239893 US November 16, 2001 (Express Mail Label Number) (Date of Deposit) Pridge McDougall

## UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

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**[** 4:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Syed Z. Salahuddin, of Ventura, California

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (25 pages)

[X] Informal drawings (2 sheets, Figures 1-2)

[X] Return Postcard

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	38	-	20	=	18	х	\$18.00	=	\$324.00
Independents:	2	-	3	=	0	х	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$0.00	
							SUBTOTAL:	=	\$1064.00
[ <b>X</b> ]	Small	Ent	ity Fees A	Apply	(subtrac	:t ½	of above):	=	\$532.00
TOTAL FILING FEE:								_ =	\$532.00

- [X] A check in the amount of \$532.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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